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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

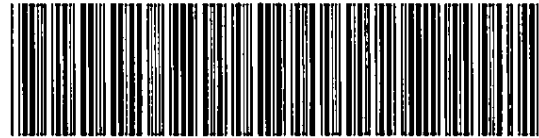
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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Atlantic Treatment Center

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ezenwanyi Abii

\_\_\_\_\_  
Contact Person

Abii & Associates, PLLC

\_\_\_\_\_  
Firm/Company

3129 Kingsley Dr. Ste 110

\_\_\_\_\_  
Address

Pearland, Texas 77584

\_\_\_\_\_  
City, State and Zip Code

eahii@abiilegal.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ezenwanyi Abii

\_\_\_\_\_  
Name of Contact Person

at ( 281 ) 9010614

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2021 NOV -2 AM 10:09

STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE  
TALL

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: Atlantic Treatment Center, LLC
2. The document number of the company is 1.21000249037
3. The effective date the Dissolution was filed is 10/25/2021
4. The revocation of dissolution was authorized on 10/27/2021
5. A copy of the Articles of Dissolution is attached. NONE (ERROR)

Ezechiazzi, Ali  
Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00  
Certified Copy: \$30.00 (optional)

FILED  
Oct 25, 2021  
Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

ATLANTIC TREATMENT CENTER, LLC

The document number of the limited liability company: L21000249037

The file date of the articles of organization: May 27, 2021

The effective date of the dissolution if not effective on the date of filing: October 25, 2021

A description of occurrence that resulted in the limited liability company's dissolution:

MEMBERS NO LONGER DESIRE TO MOVE FORWARD WITH THE BUSINESS.

The name and address of the person appointed to wind up the company's activities and affairs:

EZENWANYI ABII  
3129 KINGSLEY DRIVE STE 110  
PEARLAND, TX 77584 UN

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: EZENWANYI ABII

Electronic Signature of authorized person